**PROBLEM STATEMENT TITLE:**

[Name of proposed Research Study]

**AUTHOR:**

Name:

Organization:

Phone:

E-mail:

Date Submitted:

**SPONSOR:**

[Name of senior management personel who are sponsoring this project in your organization. They most likely will not be involved in the details of the project but are available to promote research at appropriate level in your organization.]

**CHAMPION(s):**

[Name of staff who will lead the research and have a major involvement in the study and implementation of the results. No Research Studies will be initiated without a project champion. The champion will lead the research project. Often the author of the problem statement is the champion but not when coming from an external agency such as a University professor.]

**PROBLEM DESCRIPTION:**

[State what the actual problem is clearly and with enough contextual detail to establish why this problem statement is important.]

**RESEARCH METHOD:**

[Describe briefly how you think this problem may be solved. This is often stated as a claim or a working thesis.]

**BENEFITS OF RESEARCH:**

[Describe the expected benefits or objective of the research. When will they be realized? How can they be measured and tracked?]

**ESTIMATED TIME TO COMPLETE RESEARCH:**

☐ 6 months

☐ 1 year

☐ 2 years

☐ 3 years

☐ more than 3 years

**COST FOR RESEARCH:**

Total Cost Estimate: [enter specific amount or check box]

☐ less than $25,000

☐ $25,000 – $50,000

☐ $50,000 – $75,000

☐ $75,000 – $100,000

☐ Other, please specify:

Itemized Cost Estimate:

[Include the itemized estimated cost estimate.]

**LEVERAGE/FEDERAL FUNDS:**

[Would others (states, local governments, federal, etc.) be interested in this research? Are there already funding partners, or should CDOT pursue funding partners? Any other funds that you think may help pay for this research if we are unable to fund the entire project from the pooled fund.]

**RESEARCH IMPLEMENTATION AND RECOMMENDATION:**

[Describe how the research recommendations can be used in the planning, design, construction, maintenance or operation, and safety improvement to any of the current TARP members. Identify training need and use of products.]

***[Please send completed form to the pooled fund manager by e-mail.]***

David Reeves, PE

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[Or the CDOT TAC member]

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